

REQUEST FOR FAMILY OR MEDICAL LEAVE

Name: _____ SSN: _____

Department: _____

Start Date of Anticipated Leave*: _____ Expected Date of Return to Work*: _____

Leave Will Be: Continuous _____ Intermittent _____ Reduced Schedule Leave _____

Leave is For: Self _____ Pregnancy/Adoption/Foster Care Placement _____ Spouse _____
Child _____ Parent _____

Type of Leave to be used (concurrently) first: Sick _____ Vacation** _____ IOD _____

Spouse works for Metro? _____ Yes _____ No Have STD Insurance? _____ Yes _____ No

Reason for Leave: _____

Notes: * If dates of leave or return change, supervisor must be promptly notified.

A leave request based on a serious health condition must be accompanied by a "Certification of Health Care Provider." (Standard, extended FMLA Leave for self or family member) or a "Certification for Intermittent Leave Request Because of Employee's Own Chronic Serious Health Condition" (Intermittent/Reduced Schedule Leave in shorter blocks of time).

I will provide to my health care provider, copies of documents describing my position and the essential functions of my job. _____ Initials

I hereby authorize a health care provider representing Metro Government to review this request, to review any "Certification of Health Care Provider" I may submit, and to contact my physician for clarification related to my leave request. _____ Initials

I understand that failure to comply with reasonable requests from my department regarding this leave may result in denial of leave under the FMLA. _____ Initials

**I currently have _____ days of accrued vacation and wish to hold back _____ vacation days from concurrent counting during my FMLA leave. (Max. of 15 days) _____ Initials.

If I seek intermittent or reduced schedule leave, I agree to consult with my supervisor in order to coordinate my leave date(s) to minimize disruption of my department's operations during my absences. _____ Initials.

Signature: _____ Date: _____

Note: Maintain original in confidential medical file and send copy to Benefit Services Department of Human Resources, 222 Third Avenue North, Nashville, TN 37201.
REVISED 11/7/08